



HAND DELIVERED

18#112673
09 FS-1

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 MAY 24 PM 1:27

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the
Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly
Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such
filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. KING KERNAN ("KERRY") F.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 115 CROSSWYNDS DRIVE SAUNDERSTOWN, RI 02874
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

EXECUTIVE COUNSEL TO GOVERNOR STATE OF R.I.
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____ I was appointed on 8/2007 I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation 5/2010

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

GENERAL TREASURER

5. List the following: NAME OF SPOUSE

M. CHRISTINE KING

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
KERNAN F. KING	STATE OF R.I.	1-1-09 — 12-31-09 EXECUTIVE COUNSEL TO GOVERNOR

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
SINGLE FAMILY HOME	OWNER	484 ORISKANY COURT OSPREY, FL. 34229

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: NONE

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
KERNAN F. KING	SARGASSO MUTUAL INSURANCE HAMILTON, BERMUDA	DIRECTOR

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

NONE

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

NONE

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NONE

NAME OF REGULATING AGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NONE

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

NONE

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of Providence

SIGNATURE

Subscribed and sworn to before me at Providence this 19 day of May 2010.

My Commission expires: 4/15/2011

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

**GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT**

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

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RHODE ISLAND
ETHICS COMMISSION
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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: BANK OF AMERICA

Address: P.O. BOX 219038

KANSAS CITY, MO
64121-9038

Description: SAVINGS ACCOUNT

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: LONGWORTH VENTURE PARTNERS

Address: 1050 WINTER ST

WALTHAM, MA. 02451

Description: TECHNOLOGY BASED

INVESTMENTS

- ☐ Not more than \$1,000
- ☒ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island

County of Providence

Signed

Date

James T. King 5.19.10

Subscribed and sworn to before me at Providence

on the following date: May 19, 2010

My Commission Expires: 4/15/2011

Dorcas Y. Sells Aguiar
Signature of Notary Public

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: SOVEREIGN BANK

Address: PO Box 12646

READING, PA. 19612

Description: SAVINGS ACCOUNT

- ☒ Not more than \$1,000
☐ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: FIRST CLEARING LLC

Address: 2801 MARKET ST

ST. LOUIS, MO 63103

Description: STOCKS+ BONDS

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

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Signature of Notary Public

(Attach additional sheets if necessary)

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: CONIFER PROPERTIES

Address: 1809 7TH AVE.
SEATTLE, WA. 98101

Description: REAL ESTATE INVESTMENTS

- ☒ Not more than \$1,000
☐ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: US OIL FUND

Address: 1320 HARBOR BAY PARKWAY
ALHEDA, CA. 94502

Description: OIL INVESTMENT

- ☒ Not more than \$1,000
☐ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: VANGUARD

Address: P.O. BOX 2600
VALLEY FORGE, PA. 19482

Description: STOCK AND BONDS INVESTMENTS

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

Donna Yx. Bell' Aguilera
5.19.10
May 19, 2010

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: MERRILL LYNCH

Address: 1800 MERRILL LYNCH DR.
PENNINGTON, N.J. 08534

Description: STOCK AND BONDS INVESTMENTS

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☒ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: MET LIFE

Address: PO Box 25754
SALT LAKE CITY UT. 84125

Description: PENSION

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☒ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
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Signed

Date

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Donna M. Dell'Aguiola
Signature of Notary Public

(Attach additional sheets if necessary)

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: PERSHING LLC

Address: ONE PERSHING PLAZA
JERSEY CITY, N.J. 07310

Description: STOCK + BOND INVESTMENTS

- ☐ Not more than \$1,000
- ☒ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: MET LIFE

Address: 1 MADISON AVE
NEW YORK, N.Y.

Description: GROUP LIFE INSURANCE

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☒ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
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Signed

Date

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on the following date: 5/19/2011

My Commission Expires: 4/15/2011

Donna M. Seel-Aguila
Signature of Notary Public

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: STATE OF RI

Address: PROVIDENCE

RHODE ISLAND

Description: SALARY FOR

EXECUTIVE COUNSEL

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☒ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: _____

Address: _____

Description: _____

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

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Signed

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on the following date: May 19, 2011

My Commission Expires: 4/15/2011

Sonja Bell Aguilera
Signature of Notary Public

(Attach additional sheets if necessary)